# FCC 601 Main Form

# FCC Application for Radio Service Authorization: Wireless Telecommunications Bureau Public Safety and Homeland Security Bureau

Approved by OMB 3060 - 0798

|                               | Public Safety and Homeland Security Bureau | J See instructions for public burden estimate |
|-------------------------------|--------------------------------------------|-----------------------------------------------|
| Radio Service Code: <b>PW</b> | 1a) Existing Radio Service Code:           |                                               |

| Gen  | eral Information                                                                                                                                                                                                                                                                                                                          |                                     |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 2)   | (Select only one) (EX ) NE - New RO - Renewal Only AU - Administrative Update NT - Required Not                                                                                                                                                                                                                                           | Extension of Time                   |
| 3a)  | If this application is for a <u>Developmental License</u> , <u>Demonstration License</u> , or a <u>Special Temporary Authorization (STA)</u> , enter the code and attach the required exhibit as described in the instructions. Otherwise enter ' <u>N</u> ' (Not Applicable).                                                            | ( <b>N</b> ) <u>D M S N</u> /A      |
| 3b)  | If this application is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.                                                                                                                                 | ( N ) <u>Y</u> es <u>N</u> o        |
| 4)   | If this application is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.                                                                                                                                                                                                   | File Number                         |
| 5)   | If this application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.  If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.                     | Call Sign<br>WNNZ222                |
| 6)   | If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).                                                                                                                                                                            | MM DD                               |
| 7)   | Is this application "major" as defined in §1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of §1.929). | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |
| 8)   | Are attachments (other than associated schedules) being filed with this application?                                                                                                                                                                                                                                                      | ( <b>Y</b> ) <u>Y</u> es <u>N</u> o |
| Fees | , Waivers, and Exemptions                                                                                                                                                                                                                                                                                                                 |                                     |
| 9) I | s the Applicant exempt from FCC application fees?                                                                                                                                                                                                                                                                                         | ( <b>Y</b> ) <u>Y</u> es <u>N</u> o |
| 10)  | Is the Applicant exempt from FCC regulatory fees?                                                                                                                                                                                                                                                                                         | ( <b>Y</b> ) <u>Y</u> es <u>N</u> o |
| 11a  | ) Does this application include a request for a Waiver of the Commission's Rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.                                                                                                                                                                    | ( <b>Y</b> <u>)Y</u> es <u>N</u> o  |
|      | ) If 11a is 'Y', enter the number of rule sections involved.                                                                                                                                                                                                                                                                              | Number of Rule Section(s):1         |
| 12)  | Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?                                                                                                                                                       | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |

| Applicant Information                                                                                                     |                   |                     |                |                                 |                                         |                            |               |                           |
|---------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|----------------|---------------------------------|-----------------------------------------|----------------------------|---------------|---------------------------|
| 13) FCC Registration Number (FRN): 0004012209                                                                             |                   |                     |                |                                 | ,                                       |                            |               |                           |
| 14) Applicant/Licensee Legal Entity Type: (Select One) ( ) Individual ( )Unincorporated Association ( Company             | Γ( )              | rust                | ( <b>X</b>     | )Governmen                      | t Entity ( )                            | Corporatio                 | on ( )Lim     | ited Liability            |
| ( ) General Partnership ( ) Limited Partnership                                                                           | (                 | ) Lir               | mited          | Liability Partne                | ership (                                | ) Consorti                 | um            |                           |
| ( ) Other:                                                                                                                |                   |                     |                |                                 |                                         |                            |               |                           |
| 15) If the Licensee name is being updated, is the update<br>to another party and for which proper Commission<br>provided? | e a res<br>n appr | ult from<br>oval ha | the s<br>s not | ale (or transfe<br>been receive | r of control) of the<br>d or proper not | ne license<br>tification r | (s)<br>not    | ( <u>)Y</u> es <u>N</u> o |
| 16) First Name (if individual):                                                                                           |                   | MI:                 | Last N         | lame:                           |                                         |                            | s             | Suffix:                   |
| 17) Legal Entity Name (if other than individual): RAMA                                                                    | APO               | , TOV               | VN (           | )F                              |                                         |                            | I             |                           |
| 18) Attention To: POLICE DEPT                                                                                             |                   |                     |                |                                 |                                         |                            |               |                           |
| 19) P.O. Box:                                                                                                             | And/O             | 20)                 | Street         | Address: 23'                    | 7 RT 59                                 |                            |               |                           |
| 21) City:<br>SUFFERN                                                                                                      |                   |                     |                |                                 | 22) State: NY                           | 23                         | ) Zip Code:   | 10901                     |
| 24) Telephone Number: (845)357-2400                                                                                       |                   |                     |                | 25) FAX: (8                     | 45)357-564                              | 1                          |               |                           |
| 26) E-Mail Address: demeom@ramapo.org                                                                                     |                   |                     |                | <u> </u>                        |                                         |                            |               |                           |
|                                                                                                                           |                   |                     |                |                                 |                                         |                            |               |                           |
| 27) Demographics (Optional): Race: ( )American Indian or Alaska Native                                                    | Ethni<br>(        | city:<br>Hispan     | ic or L        | atino                           |                                         | Gender:<br>( )Ma           |               |                           |
| ( )Asian                                                                                                                  | ( )               | Not His             | panic          | or Latino                       |                                         | ( )Fe                      | male          |                           |
| ( )Black or African-American                                                                                              |                   |                     |                |                                 | :                                       |                            |               |                           |
| ( )Native Hawaiian or Other Pacific Islander                                                                              |                   |                     |                |                                 |                                         |                            |               |                           |
| ( )White                                                                                                                  |                   |                     |                |                                 |                                         |                            |               |                           |
| Real Party in Interest  28) Name of Real Party in Interest of Applicant (If different Applicant):                         | nt from           | l                   |                | 29) FCC Regi                    | stration Number                         | r (FRN) of                 | Real Party in | n Interest:               |
| Contact Information (If different from the Applicant)  () Check here if same as Applicant.                                |                   |                     |                |                                 |                                         |                            |               |                           |
| 30) First Name:                                                                                                           |                   | MI:                 | La             | ast Name:                       |                                         |                            |               | Suffix:                   |
| 31) Company Name: Town of Ramapo Police Department 32) Attention To:                                                      |                   |                     |                |                                 |                                         |                            |               | <b>. I</b>                |
| Sgt Michael A DeMeo                                                                                                       |                   |                     |                |                                 |                                         |                            |               |                           |
| 33) P.O. Box:                                                                                                             | And<br>/Or        | 34) S               | treet A        | Address: 237                    | Rt. 59                                  |                            |               |                           |
| 35) City: Suffern                                                                                                         |                   | <u> </u>            |                | 36) State                       | NY                                      |                            | 37) Zip Co    | ode:                      |
| 38) Telephone Number: (845)357-2400                                                                                       |                   |                     |                | 39) FAX: (84                    | 45)357-5766                             | 5                          |               |                           |

| Pagulatani Statua                                                                                                                                                                                                                                                                                                                                                                   |                |               |                        |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|------------------------|------------|
| Regulatory Status  41) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):                                                                                                                                                                                                                                   |                |               |                        |            |
| ( ) <u>C</u> ommon Carrier ( ) <u>N</u> on-Common Carrier ( <b>X</b> ) <u>P</u> rivate, internal communications ( ) <u>B</u> roadcast Services<br><u>M</u> anager                                                                                                                                                                                                                   | (              | ) <u>B</u> a  | and                    |            |
| Type of Radio Service                                                                                                                                                                                                                                                                                                                                                               |                |               |                        |            |
| 42) This filing is for authorization to provide the following type(s) of radio service (choose all that apply):                                                                                                                                                                                                                                                                     |                |               |                        |            |
| ( X )Fixed ( )Mobile ( )Radiolocation ( )Satellite (sound) (                                                                                                                                                                                                                                                                                                                        | )B             | roado         | cast                   |            |
| 43) Does the Applicant propose to provide service interconnected to the public telephone network?                                                                                                                                                                                                                                                                                   |                |               | <u>Y</u> <u>Y</u> (    | <u></u> -  |
| Alien Ownership Questions (If any answer is 'Y', provide an attachment explaining the circumstances)                                                                                                                                                                                                                                                                                |                |               |                        |            |
| 44) Is the Applicant a foreign government or the representative of any foreign government?                                                                                                                                                                                                                                                                                          | (              | N             | ) <u>Y</u> es          | <u>N</u> o |
| 45) Is the Applicant an alien or the representative of an alien?                                                                                                                                                                                                                                                                                                                    | (              | N             | ) <u>Y</u> es          | <u>N</u> c |
| 46) Is the Applicant a corporation organized under the laws of any foreign government?                                                                                                                                                                                                                                                                                              | (              | N             | ) <u>Y</u> es          | <u>N</u> c |
| 47) Is the Applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?                                                                                                       | (              | N             | ) <u>Y</u> es          | <u>N</u> o |
| 48a) Is the Applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?                                                        | (              | N             | ) <u>Y</u> es          | <u>N</u> o |
| 48b) If the answer to 48a is 'Y', has the Applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application?                                                                                                                                                                                     | (              | )             | <u>Y</u> es            | <u>N</u> o |
| If the answer to 48b is 'Y', include in the exhibit required by Item 48a the citation(s) of the applicable declaratory ruling(s) by I the FCC Record citation, if available, release date, and any other identifying information                                                                                                                                                    | )A/F           | CC r          | numbe                  | ≆r of      |
| If the answer to 48b is 'N', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Sec<br>the Communications Act. It is not necessary to file a request for a foreign ownership ruling if the Applicant includes in the ex<br>Item 48a a showing that the requested license(s) is exempt from the provisions of Section 310(b)(4).      | ction<br>(hibi | 310<br>t requ | (b)(4)<br>uired I      | of<br>oy   |
| Basic Qualification Questions                                                                                                                                                                                                                                                                                                                                                       |                |               |                        |            |
| 49) Has the Applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?                                                                                             | n (            | N             | ) <u>Y</u> es          | <u>N</u> o |
| 50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?                                                                                                                                                                                               | (              | N             | ) <u>Y</u> es          | <u>N</u> o |
| 51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? | (              | ( N           | <b>l</b> ) <u>Y</u> es | <u>N</u> c |
| If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances.                                                                                                                                                                                                                                                                                               |                |               |                        |            |
| eronautical Advisory Station (Unicom) Certification                                                                                                                                                                                                                                                                                                                                 |                |               |                        |            |
| 52) ( ) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not ha tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations loca within ten days prior to application.                                                                  | ve a<br>ated   | cont<br>at th | trol<br>e airp         | ort        |
| Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership 53a) Will the requested facilities be used to provide multichannel video programming service?                                                                                                                                                                                                       | (              |               | <u>)Y</u> es           | <u>N</u> o |
| 53b) If the answer to question 53a is 'Y', does the Applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?                                                                              | (              |               | ) <u>Y</u> es          | <u>N</u> o |
| Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with Section 27.1202 of the Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.                                                                                                                 |                | miss          | ion's                  |            |
| Broadband Radio Service and Educational Broadband Service (Part 27)                                                                                                                                                                                                                                                                                                                 |                |               |                        |            |
| 54) (For EBS only) Does the Applicant comply with the programming requirements contained in Section 27.1203 of the Commission's Rules?                                                                                                                                                                                                                                              | (              | 7             | <u>Y</u> es            | <u>N</u> o |
| Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with Section 27.1203 of the Comm                                                                                                                                                                                                                                                     | issic          | n's F         | Rules                  | or         |

40) E-Mail Address: comsgt@usa.com

| justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.                                            |          |               |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|------------|
| 55) (For BRS and EBS) Does the Applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules?                                                    | (        | ) <u>Y</u> es | <u>N</u> o |
| Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is Item 11a must be answered 'Y'. | being    | request       | ied,       |
|                                                                                                                                                                       |          |               |            |
|                                                                                                                                                                       |          |               |            |
| General Certification Statements                                                                                                                                      |          |               |            |
| 1) The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power                           | r of the | e United      | States     |

- because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- The Applicant certifies that grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules. \*If the Applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of 3) this application, and are true, complete, correct, and made in good faith.
- The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR § 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- The Applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's Rules.
- The Applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the
- The Applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s)
- The Applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

| 56) Typed or Printed Name of Party Authorized to Sign |       |                            |                            |
|-------------------------------------------------------|-------|----------------------------|----------------------------|
| First Name:                                           | MI:   | Last Name:                 | Suffix:                    |
| PETER                                                 |       | BROWER                     |                            |
| 57) Title: ChiEF OF Police                            | J     |                            | 1                          |
| Signature:                                            |       |                            | 58) Date.                  |
| Titu & Sween                                          | r     |                            | 12/14/11                   |
| FAILURE TO SIGN THIS APPLICATION MAY RESULT IN D      | ISMIS | SAL OF THE APPLICATION AND | EOREETURE OF ANY EFFS PAID |

Upon grant of this license application, the Licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

FCC 601 Schedule L

# Schedule for Waiver Request for Extension of Time for Wireless Services

Approved by OMB 3060 - 0798 See 601 Main Form Instructions for public burden estimate

1) Purpose

| The purpose of this submission: Enter one purpose only - $\underline{1}$ , $\underline{2}$ , $\underline{3}$ , $\underline{4}$ , $\underline{T}$ , or $\underline{S}$ ( | ) | See below and refer to instructions. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------|

## Buildout/Coverage Requirements (Market-based services and State License Radio Service (SL) only)

- 1 Extension of Time to meet 1st buildout/coverage requirements. (List call signs in 3a)
- 2 Extension of Time to meet 2nd buildout/coverage requirements. (List call signs in 3a)
- 3 Extension of Time to meet 3rd buildout/coverage requirements. (List call signs in 3a)
- 4 Extension of Time to meet 4th buildout/coverage requirements. (List call signs in 3a)
- T Extension of Time to meet tribal lands buildout/coverage requirements. (List call signs in 3a)

### Construction Requirements (Site-licensed services only)

S Extension of Time to meet construction requirements (List, as applicable, call signs, locations or paths, and frequencies in Item 3.)

2) New Buildout/Coverage/Construction Expiration Date

| 2) New Buildoubcoverage/constituction Expiration Date |                                                        |
|-------------------------------------------------------|--------------------------------------------------------|
| Enter date (mm/dd/yy) requested:                      | Attach exhibit describing circumstances/justification. |
|                                                       |                                                        |

3) Call Signs/Locations or Paths/Frequencies

| 3a)<br>Call Sign | ions or Paths/Frequence 3b) Location Number | 3c)<br>Path Number | 3d) Center (Assigned) or Lower Frequency (MHz) | 3e)<br>Upper Frequency (MHz) |
|------------------|---------------------------------------------|--------------------|------------------------------------------------|------------------------------|
|                  |                                             | (Microwave only)   |                                                |                              |
| WNNZ222          | 1                                           |                    | 155.16                                         |                              |
|                  |                                             |                    |                                                |                              |
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